

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007558

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187Primary Registration District No. 3040Registrar's No. 39

FILED FEB 19 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY livingston		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 1 day	c. CITY OR TOWN Chillicothe, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 11 East Jackson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Monte Middle Pete Last Maberry		4. DATE OF DEATH Month Feb. Day 9th , Year 1963	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/20/1882
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) BlueMound, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas B. Maberry		13b. MOTHER'S MAIDEN NAME Elizabeth Russell,	
14. NAME OF HUSBAND OR WIFE Flora Maberry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no	
16. SOCIAL SECURITY NO. 0		17. INFORMANT Address Mrs. Flora Maberry, 11 East Jackson Chillicothe, Missouri.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Embolus Jan 27-63 PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 10 hours 2 yrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from Feb. 15-1959 to Feb. 9-63 and last saw him alive on Feb. 8-63 Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Joseph A. Conrad M.D. (Degree or title)		22b. ADDRESS Chillicothe, Mo	
22c. DATE SIGNED Feb. 12-63 (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10 Feb 1963		23c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery	
23d. LOCATION (City, town, or county) Avalon, Missouri.		24. FUNERAL DIRECTOR Clifford W. Austin, Tina, Mo.	
25. DATE RECD. BY LOCAL REG. Feb 13, 1963		26. REGISTRAR'S SIGNATURE Amalie Taylor	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit not obtained
Date handed to Dr. 2/9/63
Date recd from Dr. 2/13/63
Date signed Feb 13, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Clifford W. Austin.

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.